PTO/SB/17 (10-07)
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Under the Pa	aperwork Reduction Ac	1 01 1995, 1	no person are	requirea to	respond to a collection				3 control number	
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).  FEE TRANSMITTAL  For FY 2008						Complete if Knot Application Number 10/511,965-				
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					Filing Date		January 5, 2005			
						st Named Inventor Jerzy Wojciech Chojnacki			<u> </u>	
					Examiner Name F. Francis			<del>- ,</del>		
Applicant claims small entity status. See 37 CFR 1.27					Art Unit		3725			
TOTAL AMOUN	T OF PAYMENT	1,860.0	00	Attorney Docket	torney Docket No. 02635/0202033-US0					
METHOD OF	PAYMENT (che	ck all tha	at apply)		· · · · · · · · · · · · · · · · · · ·	· · <u> </u>	·			
Check	x Credit Card	Mo	oney Order	No	ne Other	(please identify	y):			
Deposit A	ccount Deposit Acco	unt Number	: <u> </u>	<u>-0100</u>	Deposit	Account Name	:Darby	& Darby	<u>P.C.</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee										
	harge any addition ee(s) under 37 CFF			yments o	f x Credit	any overpa	ayments			
FEE CALCU	LATION									
1. BASIC FILIN	IG, SEARCH, AND	EXAMI	NATION FE	ES						
		FILING		SE.	ARCH FEES		IATION FEES			
Application T	ype <u>Fe</u>	<u>s</u> (\$)	mall Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees	Paid (\$)	
Utility		10	155	510	255	210	105			
Design	2	10	105	100	50	130	65			
Plant	2	10	105	310	155	160	80			
Reissue	3	10	155	510	255	620	310			
Provisional	2		105	0	0	0	0			
2. EXCESS CL									Small Entity	
Fee Description	<u>1</u>							Fee (\$)	Fee (\$)	
	r 20 (including Re	-	- · · ·					50	25	
-	ent claim over 3 (in	ncluding	Reissues)					210	105	
Multiple depen		_	(4)	<b>.</b>	>-1.1.76\		uldina) – Danas varda	370	185	
Total Claims	Extra Claims	x Fee	e (\$) _	Fee I	Paid (\$)		ultiple Depende e (\$)	ent Claims Fee Paid (	•	
HP = highest num	nber of total claims paid		ater than 20.				<u>- (Ψ)</u>	00   0.0 (		
<u>Indep. Claims</u>	Extra Claims	<u>Fe</u>	e (\$)	Fee I	Paid (\$)				_	
	-=	×								
	nber of independent cla	ims paid fo	or, if greater tha	an 3.						
listings und	ation and drawings der 37 CFR 1.52(e	), the ap	plication si	ze fee du	e is \$260 (\$130 t				0	
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  round up to a whole number) x								<u>Fee Paid (\$)</u>		
4. OTHER FEE					,		·	Fees	Paid (\$)	
Non-English	Specification, \$	130 fee (	no small en	tity disc	ount)					
Other (e.g.,	tinued examina	tion (RCE)	) (see 37		10.00					
		125	o Extensio	ii ior res	sponse within th	ma mona			050.00	
SUBMITTED BY					B. data at the					
Signature	/mb/ Mitchell Berr	stein, Re	eg. No. 46,5	50 for	Registration No. (Attorney/Agent)	25,351	Telephone	(212) 52	:7-7700	
Name (Print/Type)	S. Peter Ludwi	9					Date	March 1	8, 2008	
<u> </u>	<del>_</del>				<u> </u>					

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